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| **ABSENCE NOTICE****EMPLOYEE’S NAME**: **PERIOD OF ABSENCE**:From: to:  **CHARGE TO: # HOURS**[ ]  Vacation [ ]  Sick Leave ........ [ ]  Family Care ........ [ ]  Family Death [ ]  Leave Without Pay [ ]  Compensatory Time Off **REASON** (for item checked above):   Employee’s signature Department approval signatureD1371 (7/79) CALCODE 71461-107 |